

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025693

FILED
Apr 02, 2008
Secretary of State

Entity Name: THE EQUINE DENTAL PRACTICE, LLC

Current Principal Place of Business:

4150 SW SUNDOWN LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4150 SW SUNDOWN LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TUCKER, GEOFFREY W
4150 SW SUNDOWN LANE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: TUCKER, GEOFFREY W
Address: 4150 SW SUNDOWN LANE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEOFFREY W TUCKER PRES 04/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date